

WNY Knee and Orthopedic Surgery PC

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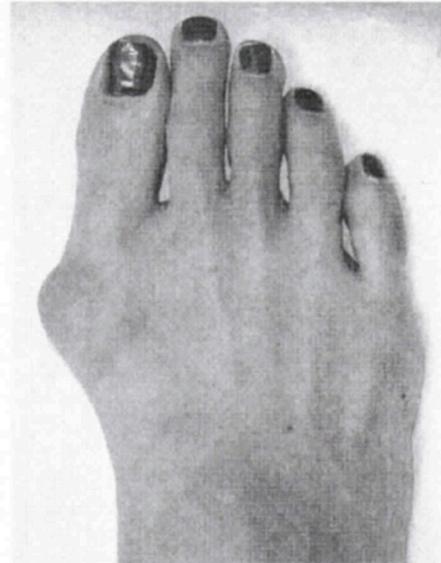
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Bunion Correction

(Hallux Valgus correction)

A bunion deformity (also called a hallux valgus deformity) is seen when the big toe deviates laterally causing a painful bump medially over the metatarsophalangeal (MTP) joint. This is usually caused by a combination of genetics and poor footwear. It can also often lead to a painful deformity of the 2nd toe (claw toe).



The decision to move ahead with bunion correction is purely an elective one. This decision is usually made when one has failed conservative treatments such as shoe-wear modification or activity modification. A painful deformity of the 2nd toe (claw toe) can also be a reason for the surgery.

BUNION CORRECTION IS A PAINFUL PROCEDURE AND IS ONLY DONE WHEN THE HALLUX VALGUS DEFORMITY CAUSES YOU PAIN. IT IS NEVER DONE FOR STRICTLY COSMETIC REASONS!!!! IT IS ALWAYS AN ELECTIVE DECISION.

Preparing for Surgery

If you decide to go ahead with bunion correction, you may need a complete physical examination, as well as blood-work, EKG, and chest x ray with your family physician before surgery. They will assess your health and identify any problems that could interfere with your

surgery. If you are over 50 years of age or have any major medical problems you will need to have medical clearance.

Before surgery, **if you are taking Plavix, Pradaxa, Coumadin, or any other blood thinners** you will need to stop them before surgery. Please notify us if you are taking any of these. You may continue to take Aspirin normally. **Please notify our office if you have a history of DVT, Blood clot, or pulmonary embolism.**

The Procedure

The surgery is done on an outpatient basis and will be performed at the Ambulatory Surgical Center of WNY on Sheridan drive near the Boulevard Mall. The phone number there is (716)-831-9435. The address is 3112 Sheridan Drive Amherst NY 14226

Arrival

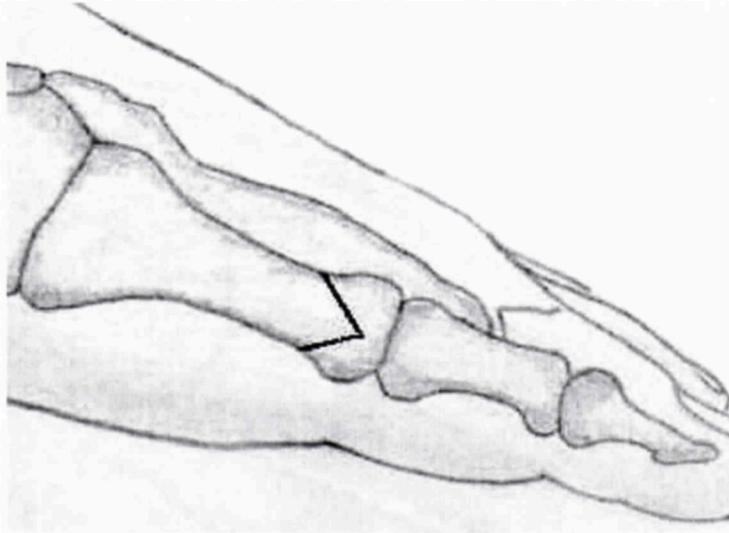
The Ambulatory Surgical Center of WNY will contact you with specific details about your appointment time. Be prepared for this to change the day of your surgery!!!!!! You will likely be asked to arrive at the Surgical Center on Sheridan road an hour or two before your surgery. Do not eat or drink anything after midnight the night before your surgery. **IF YOU DO EAT OR DRINK YOUR SURGERY WILL BE CANCELLED!**

Anesthesia

When you arrive for surgery, a member of the anesthesia team will talk with you. Bunion correction is performed under general anesthesia or sedation.

The Procedure

The procedure is done as an outpatient and usually takes about 30-45 minutes. Dr. Parentis will first make a small incision between the first and second toes to release contracted tissues (adductor tendon) A second incision is then made over the medial aspect of the great toe and the 1st metatarsal. He then performs what is called a Chevron osteotomy. This involves cutting a v-shaped wedge in the head of the 1st metatarsal. The bone is then shifted laterally and the excess bone is shaved off. Two pins are then placed to hold the osteotomy in place. These pins are removed 3-6 weeks after surgery.





a

Before



b

After

We then close your incisions with sutures and wrap the foot with gauze and an ACE bandage.

You will be moved to the recovery room and should go home in approximately 30 minutes. You must have someone with you to drive you home. It is against New York State Law to drive yourself after receiving anesthesia.

Swelling

Ice and elevation are probably the most important aspects of your post operate treatment. Apply the ice 30 minutes on and 10 minutes off. Ice will be helpful for up to 6 weeks after the procedure.

Recovery

You will leave the surgery dressing on until your first post-operative appointment in the office which will be one week after the surgery. You may get a small amount of bloody drainage which is normal. If the drainage is excessive please call the office. You cannot get the foot wet until the pins are removed.

Driving

If you have surgery on your left foot, you will likely be able to drive a few days after the surgery. If you have surgery on your right foot you will have to wait until your pins are removed before you can drive.

Medications

You will continue with your normal preoperative medications as well as pain medication prescribed by our office. We typically prescribe either Lortab or Percocet for the procedure. We want you to avoid NSAIDs such as aleve or advil because they inhibit bone healing. We will only refill, if necessary, the narcotic one time after the surgery.

Complications and Warning Signs

As with any surgery, there are risks associated with bunion correction. These occur infrequently but certainly can occur. These are included in our informed consent sheet which you must review and bring with you to your procedure.

Complications

Potential postoperative problems with bunion correction commonly include, but are not limited to:

- Infection- this may require more surgery to wash out the foot
- Blood clots -DVT or PE can be life threatening.
- Accumulation of blood in the foot- Hematoma may require more surgery
- Stiffness-The toe will be straighter but it will also be stiffer
- Worsening of any arthritis you may have before surgery causing more pain
- Wound healing problems
- Development of arthritis following surgery
- Continued pain after surgery or failure to relieve symptoms
- Need for another surgery
- Nonunion or failure of the bone to heal
- Malunion- the bone may heal incorrectly
- Diabetics: your risk for infection, wound problems, and poor healing are directly related to blood glucose control. The better you glucose control, the less risk for all complications.
- Smokers: we suggest you quit smoking immediately. Smoking increases all of the above risk factors 20-30% especially infection and failure to heal.

Warning Signs

Call our office immediately if you experience any of the following:

- Fever over 100 degrees
- Chills
- Persistent warmth or redness around the foot after your dressing is off
- Persistent or increased pain
- Significant swelling in your foot

- Increasing pain in your calf muscle
- odor

GO TO THE ER IMMEDIATELY IF YOU DEVELOP SHORTNESS OF BREATH OR CHEST PAIN!!!!

Outcome

Most patients do very well with bunion correction. A majority of patients can return to normal activities in 12 weeks. You may be able to return to a desk job 10 weeks after the surgery and a more physical job 12-14 weeks after surgery. You will not typically be able to comfortably put a shoe in before 8 weeks.

The success of bunion correction is generally 75-90%. The most common risks are recurrence, loss of motion or stiffness of the toe, numbness, or failure to relieve some or all of the pain. Please remember that Bunion correction is a purely elective decision and is done for quality of life. If you have any questions regarding this handout or the procedure, please call our office.